National Association of Pediatric Nurse Practitioners℠
INDIANA

Indiana NAPNAP - Share Your Voice Interest Form

Contact Information:

Name:

Credentials (e.g., PNP-PC, PNP-AC, Student):

Email:

Phone:

Affiliation / Employer:

Presentation Details:

Proposed Presentation Title:

Type of Presentation (check all that apply):

☐ Clinical Case Study

☐ Quality Improvement Project

☐ Evidence-Based Practice Update

☐ Research Findings

☐ Community Outreach Initiative

☐ Innovative Care Model

☐ Student or Early-Career Project

☐ Other: _____

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Brief Description of Your Presentation (3-5 sentences)

Learning Outcomes/Behavioral Objectives:

Describe the expected learner outcomes/objectives in behavioral terms that are attainable, measurable and relevant to pediatric nurse practitioner practice (Only one objective needed for CE). Please see Appendix A of the NAPNAP Continuing Education Guidelines at https://www.napnap.org/wp-content/uploads/Continuing-Education-Guidelines-2025_final-file-w_appendices.pdf for tips on Developing Learning Outcomes/Educational Objectives

Brief Outline of Subject Matter:

For each outcome/objective, outline the subject matter that corresponds to the objective.

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References:

Speaker Introduction:
Please submit a 3-5 sentence introduction to be read by one of our NAPNAP board members prior to the beginning of your presentation.

Submission:
Please submit this form along with your CV and Faculty Declaration Form to ind.napnap@gmail.com. Your work matters. Your voice matters. Thank you for helping elevate pediatric care in Indiana.